

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ANDY BARR FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
NUNNELLEY, PRESTON, P., ,

Mailing Address 3000 BROOKMONTE LANE

City LEXINGTON	State KY	Zip Code 40515-8508
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : A6B8C4358A658453A8C0

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
NUNNELLEY, RICHARD, ADAIR, ,

Mailing Address 404 DUDLEY ROAD

City LEXINGTON	State KY	Zip Code 40502-2340
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FEC ID number of contributing federal political committee. **C**

Name of Employer STOLL KEENON OGDEN	Occupation ATTORNEY
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2020

Transaction ID : A2993EF1AAC014CF09C1

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
OFFUTT, WILLIAM, N., , IV

Mailing Address 3790 PARIS PIKE

City GEORGETOWN	State KY	Zip Code 40324-8701
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FEC ID number of contributing federal political committee. **C**

Name of Employer EYE CONSULTANTS OF KY	Occupation PHYSICIAN
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Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : A2A5F2234F47A49BB94A

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1500.00
